

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

ASBESTOS WORKERS LOCAL 12 FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

25-19 43rd AVENUE☐(Check if address
is changed)**LONG ISLAND CITY****NY****11101**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MATTY@ASBESTOSWORKERS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7187848357

2. DATE

07**19****2006**

3. FEC IDENTIFICATION NUMBER

C C00398040

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Matthew Aracich

Signature of Treasurer

Electronically Filed by **Matthew Aracich**

Date

07**19****2006**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

LOCAL 12 NYC PAC FUND

Mailing Address

25-19 43RD AVENUE

2ND FLOOR

LONG ISLAND CITY

NY

11101

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☒

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

ASBESTOS WORKERS LOCAL 12 FEDERAL POLITICAL ACTION COMMITTEE

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **NICK GRGAS**

Mailing Address **25-19 43RD AVENUE**

LONG ISLAND CITY **NY** **11101** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

PRESIDENT Telephone number **718** - **784** - **3456**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Matthew Aracich**

Mailing Address **25-19 43rd Avenue**

Long Island City **NY** **11101** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER Telephone number **718** - **784** - **3456**

Full Name of Designated Agent **DENNIS J IPPOLITO**

Mailing Address **25-19 43RD AVENUE**

LONG ISLAND CITY **NY** **11101** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

BUSINESS MANAGER Telephone number **718** - **784** - **3456**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP MORGAN CHASE BANK

Mailing Address

10-51 JACKSON AVENUE

LONG ISLAND CITY

NY

11101

CITY ▲

STATE ▲

ZIP CODE ▲